

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
091257326
APPLICANT(S)

FILING DATE
19-01

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7	/						57				
8		/					58				
9		/					59				
10		/					60				
11	/						61				
12		/					62				
13		/					63				
14		/					64				
15	/						65				
16		/					66				
17	/						67				
18		/					68				
19	/						69				
20		/					70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	/						TOTAL IND.				
TOTAL DEP.	/						TOTAL DEP.				
TOTAL CLAIMS	/						TOTAL				